

FSP Group Complaints Management Policy

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01 | INTRODUCTION

- 1.1) This policy provides the general principles to guide the way complaints are managed within the FSP Group which consists of two legal entities namely:
- **FSP Solutions (PTY) Ltd** (FSP 7889); and
 - **FSP Commercial Online (PTY) Ltd** (FSP 35978)
- 1.2) As a financial service provider and binder holder for certain Insurers, we have a duty to render financial services and products honestly, fairly, with due skill, care and diligence, and in the interests of our Policyholders and the integrity of the financial services industry.
- 1.3) This Complaints Management Policy (“the Policy”) is intended to provide guidance around the handling of complaints with a purpose to continuously improve our service to clients and all other stakeholders in our distribution. This Policy also seeks to achieve compliance with the aims of all applicable regulations, Codes and Treating Policyholders Fairly (TCF) principles. The Policy was developed against the Policyholder Protection Rules (PPR) and the Group Complaints Policy.
- 1.4) The Policy will apply to complaints lodged against the FSP Group, or the underlying insurer on who’s behalf binder services are administered by or on behalf of policyholders or prospective policy holders relating to the financial services facilitated by the FSP Group on behalf of an insurer to such policyholder.

This policy also sets out our philosophy concerning the way complaints are handled, resolved, and maximised (maximised refers to conducting analysis of complaints for root cause analysis to ensure processes are improved to reduce complaints where necessary).

02 | PURPOSE AND SCOPE

The Complaints Policy formalises the practices required for effective management and handling of customer complaints within our Company. The purpose of this document is to ensure effective standards of complaints management to:

- Ensure fair outcomes for customers.
- Protect and enhance the reputation of our Group and that of the Insurers we represent through our binder activities.



- Allow for effective reporting, detailed analysis and identification of trends related to complaints.
 - Achieve effective and timely resolutions of complaints in respect of acceptable turnaround times.
 - Provide guidelines for acknowledging complaints (and complainant communication) and for recording customer complaints in a centralised manner.
 - Improve organisational effectiveness through learning from client feedback and root cause analysis.
 - Ensure effective management of complaints in line with this framework.
 - Ensure effective engagement between the insurer and the relevant Ombudsman.
 - Ensure requirements are met for reporting to the Registrar and / or the public (if required).
 - Restore and enhance relationships with complainants for the purpose of on-going business retention and growth.
 - Ensure objectivity in attending to and resolving a complaint.
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03 | DEFINITIONS

Advice

Advice means, subject to subsection (3)(a) of the FAIS Act, any recommendation, guidance, or proposal of a financial nature furnished, by any means or medium, to any client or group of clients.

Business Day

Business Day means any day except a Saturday, Sunday or public holiday.

Binder Services

Means the mandated administration and claims services we provide on behalf of the underlying insurers.

Complainant

Complainant means a person who submits a complaint and includes a:

- Policyholder or the policyholder's successor in title;
- Person that pays a premium in respect of a policy;
- Potential policyholder whose dissatisfaction relates to the relevant application, approach, solicitation or advertising or marketing material, who has a direct interest in the agreement, policy, or services to which the complaint relates.



Complaint

Complaint means an expression of dissatisfaction by a person to an insurer or, to the knowledge of the insurer, to the insurer's service provider relating to a policy or service provided or offered by that insurer which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with, or in relation to a policyholder query, that:

- The insurer or its service provider has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding on the insurer or to which it subscribes.
- The insurer or its service provider's maladministration or wilful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or
- The insurer or its service provider has treated the person unfairly.

Policyholder Query

Policyholder query means a request to the insurer or the insurer's service provider by or on behalf of a policyholder, for information regarding the insurer's policies, services or related processes, or to carry out a transaction or action in relation to any such policy or service.

Insurer/s

Means those insurers where full binder mandates (including administration and claims handling) are facilitated through the FSP Group on behalf of an underlying insurer. Please take note of the underlying insurers on which behalf our Group provides binder mandates:

FSP SOLUTIONS (PTY) Ltd – facilitate a binder mandate for:

- Absa Insurance Company Ltd – FSP Number 42569

FSP Commercial Online (PTY) Ltd – we provide a full binder mandate for:

- Western National Insurance Company Ltd – FSP Number 9465

Rejected

Rejected in relation to a complaint means that a complaint has not been upheld and the insurer regards the complaint as finalised after advising the complainant that it does not intend to take any further action to resolve the complaint and includes complaints regarded by the insurer as unjustified or invalid, or where the complaint does not accept or respond to the insurer's proposals to resolve the complaint.



Complaints Management

Complaints management means the management of the entire lifecycle of a complaint. This starts with the ease of process for the client to lodge complaints and the associated communication. It includes the way complaints are handled, recorded, resolved and quality controlled; the way people involved in complaints management processes are managed and trained; the way decisions are made; the way clients' trust is restored; the way reports are compiled and analysed; and ultimately the way business learns from the feedback gleaned from complaints and takes corrective and proactive action accordingly.

Complaints Handling

Complaints handling is the process of attending to and resolving complaints including ongoing interaction with complainants.

FAIS Complaint

FAIS complaint means a specific complaint, submitted by a Complainant to the FAIS Ombudsman relating to a financial service rendered by FSP Group or its representative to the Complainant on or after the date of commencement of the FAIS Act, and in which complainant is alleged that FSP Group, or its representative has:

- Contravened or failed to comply with a provision of the FAIS Act and that as a result thereof;
- The Complainant has suffered or is likely to suffer financial prejudice or damage;
- Has treated the Complainant unfairly.

FAIS Ombud Complainant

FAIS Ombud complainant means a client who submits a complaint to the FAIS Ombudsman in relation to the application of a policy and includes advice rendered.

NFOSA

NFOSA refers to the National Financial Ombud Scheme South Africa.

NFOSA Complaint

NFOSA complaint for the purpose of this policy, is a complaint submitted to the National Financial Ombud Scheme South Africa, (NFOSA) in relation to any other matter other than the application of a policy relating to advice rendered.

Service Provider

Service provider means another person with whom the FSP Group has an arrangement in relation to the marketing, distribution, administration or provision of such products or services, regardless of whether or not such other person is the agent of the Insurer.



Upheld

Upheld means that the complaint has been finalised in such a manner that the complainant has explicitly accepted that the matter is fully resolved or that it is reasonable for FSP Group to assume that the complainant has so accepted. A complaint should only be regarded as upheld once any and all undertakings made by FSP Group to resolve the complaint have been met.

04 | PRINCIPLES OF THE POLICY

The following principals shall apply to the complaint management processes within our Company:

- a) Accessibility:** Our Group's Complaints Policy is available on our website for all to see (www.fspsolutions.com).
- b) Client-Centricity:** Complaints are to be dealt with in a fair, transparent and objective manner with due consideration for TCF principles and the complainant will during the complaints process, be treated with dignity and respect.
- c) Quality of Investigation:** All claims will be investigated by looking at all relevant information and circumstances when handling complaints.
- d) Timely Resolutions:** Our quality standards recognise that all complaints must be resolved in a timely manner and in line with the timelines set out in this framework.
- e) Consistent and Objective Decision-Making:** We will ensure that only relevant information shall be considered when dealing with a complaint.
- f) Confidentiality of Client Information and Data:** In line with the regulations as per POPIA and as per our privacy policy, available on our website, we will maintain the confidentiality of customers' personal information and comply with the relevant legislation to ensure that internal controls are in place for the safeguarding of data.
- g) Accuracy of Record Keeping:** Complaints must be accurately, efficiently, and securely recorded.
- h) Communication before, during and after Complaint:** We will provide customers with clear communication during the handling of the complaint and the progress thereof.
- i) Quality Assurance:** We will ensure that there is an appropriate level of quality assurance in place to monitor that the standards referred to in this Policy are adhered to.
- j) Meaningful Management Information:** We will track complaint trends and take the appropriate action / training to eliminate any identified shortcomings in its service to prevent a recurrence of any complaint.



05 | INTERNAL COMPLAINTS HANDLING PROCESS

5.1 HOW TO LODGE A COMPLAINT

- 5.1.1) All complaints must be submitted in writing to the relevant department. If it is impossible for the policyholder to submit the complaint in writing, full details of the complaint must be verbally relayed to the relevant department who will reduce the complaint to writing.
- 5.1.2) The complaint must provide details of the financial service of which the complainant is complaining and must contain sufficient detail to enable us to identify the staff member and / or representative involved, the reference number of the policy and / or the claim number. All supporting documentation must accompany the complaint.
- 5.1.3) The complaint must identify and explain the reason for the complainant's dissatisfaction and how the complainant wants the complaint resolved.

5.2 WHERE TO SUBMIT A CLAIM

All complaints should be submitted in writing to our complaints officer:

The Complaints Officer

Pierre van Huyssteen

PO Box 50030

Randjiesfontein

1683

Email: complaints@fspolutions.com

Tel: (010) 001 2602

Complainants should ensure to include the following information:

- Name
- Policy / claim number
- Contact details
- Details of the complaint.

5.3 INTERNAL COMPLAINTS HANDLING PROCEDURE

- 5.3.1) We will immediately record the complaint on the Complaints Register.
- 5.3.2) We will within 5 (five) working days acknowledge receipt of the complaint.
- 5.3.3) We will resolve the complaint within 15 (fifteen) working days, provided that we have all the required information.



5.3.4) We will provide the complainant with feedback at least every 10 (ten) working days.

5.3.5) All complaints which are considered to be non-routine serious complaints and / or that may have reputational or other similar repercussions for FSP Group, and or the underlying insurer will be escalated to senior management.

5.4 REJECTION OF CLAIMS

If the complaint relates to the rejection of a claim, we will:

- Provide reasons for the decision in writing;
- Inform the complainant of all external avenues available to the complainant;
- Inform the complainant of the applicable time limitation provision for the institution of legal action and the implication thereof; and
- Provide the complainant, upon request, with copies of all available document and information from third parties which influenced the decision, provided that such documents and information are not subject to legal privilege.

5.5 NOTIFICATION TO CLIENT

5.5.1) Once a decision has been made with regards to the outcome of the complaint, the responsible person must reduce the decision to writing and said response must be sent to the complainant.

5.5.2) The response must explain the decision / finding regarding the complaint and must record the reasons for the decision and the complainant must be informed of his / her right to refer the complaint to the relevant industry body or Ombudsman (whose contact details must be provided in the response).

5.6 FINALISATION

5.6.1) If the complaint has been resolved in favour of the complainant, the appropriate redress must be implemented without delay.

5.6.2) If the complaint cannot be resolved or cannot be resolved within the time allowed for resolution of the complaint or has not been resolved to the satisfaction of the complainant, the complainant must be informed of his right to refer the matter to the relevant industry body or Ombudsman within 6 (six) months from date of the outcome of the internal complaints resolution process.

5.6.3) Once the complainant has been informed of the outcome of the complaint, the responsible person will record the details of the decision in the Complaints Register and will retain a copy of the response in electronic format.



5.6.4) The responsible person will ensure that the complainant has received the response and will where appropriate obtain an acknowledgement of receipt.

5.7 DETAILS OF THE OMBUDSMAN (RSA ONLY)

The complainant may at any time approach the office of the Ombudsman for Short Term Insurance:

Website: www.nfosa.co.za

Email: info@nfosa.co.za

Tel: 0860 800 900

Whatsapp: 066 473 0157

Address Johannesburg: 110 Oxford Road, Houghton Estate, Johannesburg, Gauteng, 2198

Address Cape Town: 6th Floor, Claremont Central Building, 7 Vineyard Road, Claremont, Cape Town, 7700

5.8 REPORTING

We will be reporting back to our various insurers on the content of their respective complaints registers. Any trends or recommendations will be communicated quarterly by reports specific to each insurer partner. These reports will include:

- 5.8.1) Such reports shall include a summary of the following information –
- number of complaints received and pending (including reference to TCF categorisation);
 - number of complaints upheld in favour of complainant including details of the nature of such complaints and consequences of the outcome thereof;
 - number of complaints rejected including details of the nature of such complaints and consequences of the outcome thereof;
 - number of nature of complaints referred to the Ombud.
- 5.8.2) Any complaint of a serious nature or any complaint that may have a reputational implication for the FSP Group, and / or the underlying insurer will immediately be escalated to senior management.

5.9 RECORD KEEPING AND MONITORING

5.9.1) The details of all complaints will be recorded in the Complaints Register.

- 5.9.2) The register will record as a minimum the following information –
- the identity of the complainant;
 - the nature of the complaint;
 - the staff member involved;
 - the reference number of the policy / claim;



- classification according to TCF categorisation;
- the date that the complaint was received;
- who the complaint was allocated to;
- the outcome of the complaint; and
- the date that the complainant was informed of the outcome.

5.9.3) All complaints will be categorised in accordance with the following minimum categories:

- Complaints relating to the design of a policy or related service;
- Complaints relating to information provided to policyholders;
- Complaints relating to advice;
- Complaints relating to policy performance;
- Complaints relating to service to policyholders;
- Complaints relating to policy accessibility, changes or switches;
- Complaints relating to complaints handling;
- Complaints relating to insurance risk claims; and
- Other complaints.

5.9.4) The legal and compliance manager is the custodian of the internal Complaints Register.

5.9.5) All complaints records will be retained for a minimum of 5 (five) years from date of resolution of the complaint.

06 | TRAINING AND AWARENESS

We undertake to create awareness and understanding of the Policy by:

- Distributing the Policy amongst all the staff of the Group;
- Providing adequate training regarding the Policy to all staff of the Group;
- Ensuring that the Group Policy is accessible to all staff;
- Uploading the Group Policy onto our website for all to view.

07 | REVIEW OF POLICY

Group Policy to reviewed annually, or as and when legislation changes.



010 001 2602

www.FSPSolutions.com



AUTHORISED FINANCIAL
SERVICES PROVIDER

FSP LICENCE NO: 7889 & 35978



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